

10/20/2001

Please type a plus sign (+) inside this box.

02-05-01

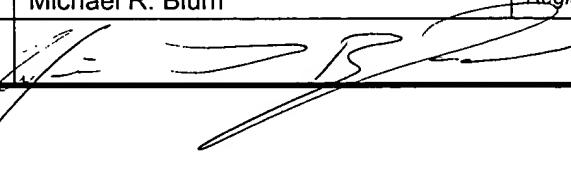
A/RE

PTO/SB/50 (4/98)

Approved for use through 09/30/2000. OMB 0651-0033

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>REISSUE PATENT APPLICATION TRANSMITTAL</b>				
<b>Address to:</b> Box Reissue Commissioner For Patents Washington, DC 20231	Attorney Docket No. 18602-05753 First Named Inventor Eric C. Anderson <i>et al.</i> Original Patent Number 5,867,214 Original Patent Issue Date (Month/Day/Year) 02/02/1999 Express Mail Label No. EL541495327US			
	<b>APPLICATION FOR REISSUE OF:</b> <i>(check applicable box)</i>			
	<input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent			
	<b>APPLICATION ELEMENTS</b>			
	1. <input checked="" type="checkbox"/> *Fee Transmittal Form ((PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Specification and Claims ( <i>amended, if appropriate</i> ) 3. <input checked="" type="checkbox"/> Drawing(s) ( <i>proposed amendments, if appropriate</i> ) 4. <input checked="" type="checkbox"/> Reissue Oath/Declaration (unsigned) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i> 5. Original U.S. Patent <input type="checkbox"/> Original U.S. Patent for Surrender <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 6. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i>  <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of Attorney			
<b>ACCOMPANYING APPLICATION PARTS</b>				
7. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c). 8. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 9. <input type="checkbox"/> English Translation of Reissue Oath/Declaration ( <i>if applicable</i> ) 10. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired (PTO/SB/09-12) 11. <input checked="" type="checkbox"/> Preliminary Amendment and Statement of status/support for all changes to the claims. See 37 CFR 1.173(c). 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 13. <input type="checkbox"/> Other: _____ _____ _____				
<small>*NOTE FOR ITEMS 1 &amp; 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</small>				
<b>14. CORRESPONDENCE ADDRESS</b>				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		 or <input type="checkbox"/> Correspondence address below  00758 <small>PATENT TRADEMARK OFFICE</small> <small>(Insert Customer No. or Attach bar code label here)</small>		
Name (Print/Type)	Michael R. Blum	Registration No. (Attorney/Agent)	44,543	
Signature			Date February 2, 2001	

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Docket Number (Optional)  
18602-05753

## REISSUE APPLICATION FEE TRANSMITTAL FORM

10/20/20

## Claims as Filed - Part 1

Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Other than a Small Entity Rate
(B) Total Claims (37 CFR 1.16(j))	****		
(C) 4 Independent Claims (37 CFR 1.16(i))	34 (D)	14 = x \$ ____ =	or x \$18.00 = 252.00
Basic Fee (37 CFR 1.16(h))			x \$80.00 = 320.00
Total Filing Fee			\$ 710.00
\$ ____			OR \$ 1282.00

## Claims as Amended - Part 2

(1) Claims Remaining After Amendment			(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Claims (37 CFR 1.16(j))	*** 34	MINUS	** 20 = * = 14	x \$ ____ =	or x \$18.00 =	252.00		
Independent Claims (37 CFR 1.16(i))	*** 8	MINUS	***** 4 = = 4.	x \$ ____ =	x \$80.00 =	320.00		
Total Additional Fee							OR	\$ 572.00

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims

\*\*\*\* If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).

\*\*\*\*\* Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
 A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. \_\_\_\_\_.  
 A duplicate copy of this sheet is enclosed.

A check in the amount of \$ PLEASE DEFER to cover the filing fee is enclosed.

February 2, 2001  
Date

Signature of Applicant, Attorney or Agent of Record

Michael R. Blum, Reg. No. 44,543

Typed or printed name

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**STATUS OF CLAIMS AND SUPPORT FOR CLAIM CHANGES**

Original claims 1-18 are in the patent as issued and new claims 19-34 are pending.

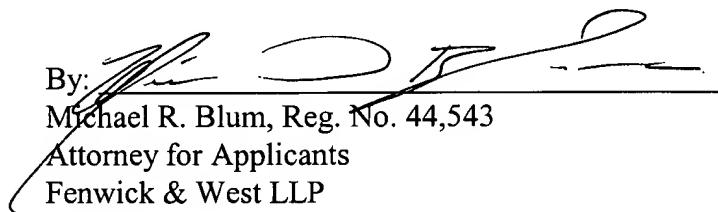
Support for the claimed subject matter is found for example in the original specification

at:

Column	Lines
2	1-26
3	1-11, 60-64
4	18-20, 21-35, 46-51
5	60-67
6	65-67
7	1-26, 33-36

Respectfully submitted,  
ERIC C. ANDERSON *et al.*

Dated: February 2, 2001

By: 

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